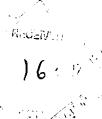
FORM D



UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

FORM D



OMB Numbe

OMB APPROVAL

DATE RECEIVED

16.00

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erial

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

| ė · | heck if this is an amendme nership Interest Offering | nt and name has chang | ed, and indicate chan | gc.) | | | |
|------------------------------------|---|------------------------------|--|--------------|-----------------------|--|--|
| Filing Under (Check box(cs) |) that apply): | ☐ Rule 505 | ☑ Rule 506 | Section 4(6) | ☑ ULOE | | |
| Type of Filing: | ew Filing | ent | | | | | |
| | | A. BASIC IDENTIF | ICATION DATA | | | | |
| 1.Enter the information requeste | d about the issuer | | | | | | |
| Name of Issuer (c | heck if this is an amendment a | and name has changed, and | I indicate change.) | | | | |
| Sustainable Woodlands Fun- | d 11, L.P. | | | | | | |
| Address of Executive Offices (N | lumber and Street, City, State, | Zip Code) | | | (Including Area Code) | | |
| 4265 San Felipe, Suite 900, | | - | | 713-993-4675 | | | |
| Address of Principal Business O | | Telephone Number | Telephone Number (Including Area Code) | | | | |
| (if different from Executive Offi | ices) | | | | | | |
| Brief Description of Business: | | | | | | | |
| Brief Description of Business. | | | | | ARACECCED | | |
| Investment fund | | | | | PROCESSED | | |
| Type of Business Organization | | | | | | | |
| ☐ corporation | 🗹 limited partnership, alre | ady formed | other (please s | pecify 2 | FEB 2 3 2007 | | |
| 1 business trust | | | | | | | |
| | | Month Year | | | THOMSON | | |
| Actual or Estimated Date of Inco | orporation or Organization: | <u>05</u> <u>2006</u> | Actual | ☐ Estimated | FINANCIAL | | |
| Jurisdiction of Incorporation or (| ` | letter U.S. Postal Service a | | | | | |
| | CN for C | Canada; FN for other foreig | gn jurisdiction) | DE | | | |
| | | | | | | | |

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6)

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Requested: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form, This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

| , | TO THE PARTY OF TH | | |
|--|--|--------------------------|--------------------------------------|
| A. BASIC IE | DENTIFICATION DATA | | |
| 2. Enter the information requested for the following: | | | |
| • Each promoter of the issuer, if the issuer has been organized within the | past five years; | | |
| Each beneficial owner having the power to vote or dispose, or direct the | vote or disposition of, 10% or | more of a class of equit | y securities of the issuer; |
| Each executive officer and director of corporate issuers and of corporate | | | |
| Each general and managing partner of partnership issuers. | gg parties | ov paranerskip issuers, | |
| | | | |
| Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner | ☑ Executive Officer | ☑ Director | General and/or |
| | | | Managing Partner |
| Full Name (Last name first, if individual) | | | |
| Sherman, A. Haag | | | |
| Business or Residence Address (Number and Street, City, State | te, Zip Code) | | |
| 4265 San Felipe, Suite 900, Houston, Texas 77027 | | <u>-</u> | |
| Check Box(cs) that Apply: ☐ Promoter ☐ Beneficial Owner | ☑ Executive Officer | ☑ Director | ☐ General and/or Managing Partner |
| Full Name (Last name first, if individual) | | | |
| Linbeck, Andrew B. | | | |
| Business or Residence Address (Number and Street, City, State | te, Zip Code) | | |
| 4265 San Felipe, Suite 900, Houston, Texas 77027 | | | |
| Check Box(es) that Apply: | ☑ Executive Officer | ☑ Director | General and/or Managing Partner |
| Full Name (Last name first, if individual) | | | |
| Lyle, Bob | | | |
| Business or Residence Address (Number and Street, City, State | te, Zip Code) | | |
| 654 North State Street, Jackson, Mississippi 39202 | | | |
| Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner | ☐ Executive Officer | Director | ☑ General and/or Managing Partner |
| Full Name (Last name first, if individual) | | | |
| Sustainable Woodlands Partners, L.L.C. | | | |
| Business or Residence Address (Number and Street, City, State | te, Zip Code) | | |
| 119 South President Street, 2nd Floor Jackson, Mississippi 39201 | | | |
| Check Box(es) that Apply: Promoter Beneficial Owner | Executive Officer | ☑ Director | General and/or Managing Partner |
| Full Name (Last name first, if individual) | | | |
| McCree, Michael T. | | | |
| Business or Residence Address (Number and Street, City, Stat | te, Zip Code) | | |
| 119 South President Street, 2nd Floor Jackson, Mississippi 39201 | | | |
| Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner | ☑ Executive Officer | ☑ Director | ☐ General and/or Managing Partner |
| Full Name (Last name first, if individual) | · · · · · · · · · · · · · · · · · · · | | |
| Molpus, Dick | | | |
| Business or Residence Address (Number and Street, City, Stat | te, Zip Code) | | |
| 654 North State Street, Jackson, Mississippi 39202 | | | |

654 North State Street, Jackson, Mississippi 39202

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

Beneficial Owner

(Number and Street, City, State, Zip Code)

☐ Promoter

Check Box(es) that Apply:

Business or Residence Address

Winstead, Terrell

Full Name (Last name first, if individual)

☑ Executive Officer

☑ Director

General and/or

Managing Partner

| | | | | B. | INFORMA | ATION ABO | OUT OFFER | RING | . - | <u> </u> | | |
|------------------------------|---|--|---|--|------------------------------|------------------------------|------------------------------|--------------------------------|---|---|------------------------------|------------------------------|
| 1 Ung t | ha iccuar cal | d as door th | ne issuer inte | and to call to | non accrae | dited investe | ere in this of | Foring? | | | YES | NO ☑ |
| i. mas i | | | | | | | 715 III 11115 OI | icinig: | | ••••••••••••••••••••••••••••••••••••••• | | |
| | | | n Appendix, | | - | | | | | | | |
| 2. What | is the minin | num investn | nent that wil | be accepted | d from any i | ndividual? | \$2,0 |)00,000, sub | ject to waiv | er by the Ge | neral Partner | r |
| 3. Does | the offering | permit join | t ownership | of a single u | nit? | | | •••••• | *************************************** | *************************************** | YES | NO Ø |
| or s is a bro | similar remu n associated ker or dealer | neration for person or a r. If more th | sted for each solicitation gent of a bro nan five (5) p ker or dealer | of purchaser ker or deale ersons to be | s in connect r registered | tion with sal with the SE | es of securit C and/or wi | ies in the of th a state or | fering. If a states, list the | person to be te name of the | listed ne | |
| Full Nar Wells F | ne (Last nan argo | ne first, if in | dividual) | | | | | | **** | ·— · | | |
| | | | Number and osa, CA 954 | | , State, Zip | Code) | | | | | | -11 V |
| Name of Rick Ro | f Associated binson | Broker or D | ealer | | | | | | | | | |
| States ir | Which Pers | on Listed H | as Solicited | or Intends to | o Solicit Pu | rchasers | | | | | | ·- |
| (Cl | neck "All Sta | ites" or chec | k individual | States | | | | | | | 🗖 All Sta | tes |
| [AL] [IL] [MT] [RI] | [AK] [IN] [NE] [SC] | [AZ] [IA] [NV] [SD] | [AR] [KS] [NH] [TN] | [CA] / [KY] [NJ] [TX] | [CO] [LA] [NM] [UT] | [CT] [ME] [NY] [VT] | [DE] [MD] [NC] [VA] | [DC] [MA] [ND] [WA] | [FL] [MI] [OH] [WV] | [GA] [MN] [OK] [WI] | [HI] [MS] [OR] [WY] | (ID) (MO) (PA) (PR) |
| | ne (Last nan | | | [] | [0.] | (, ,) | [] | [] | [] | [] | [] | (***) |
| | | | | | | | | | | | | |
| Busines | s or Residen | ce Address (| (Number and | I Street, City | , State, Zip | Code) | | | | | | |
| Name o | f Associated | Broker or D | Dealer | , 4, 9, 9 | | | | | | | | |
| | | | las Solicited k individual | | | | | | | | 🗆 All Sta | tes |
| [AL] [IL] [MT] [RI] | [AK] [IN] [NE] [SC] | [AZ] [IA] [NV] [SD] | [AR] [KS] [NH] [TN] | [CA] [KY] [NJ] [TX] | [CO] [LA] [NM] [UT] | [CT] [ME] [NY] [VT] | [DE] [MD] [NC] [VA] | [DC] [MA] [ND] [WA] | [FL] [MI] [OH] [WV] | [GA] [MN] [OK] [WI] | [HI] [MS] [OR] [WY] | [ID] [MO] [PA] [PR] |
| Full Na | me (Last nan | ne first, if in | dividual) | | | | | | | | | |
| Busines | s or Residen | ce Address (| (Number and | l Street, City | , State, Zip | Code) | | | | | | |
| Name o | f Associated | Broker or I | Dealer | | | | | | | | | |
| | | | las Solicited k individual | | | | | | | | □ All Sta | tes |
| [AL] [IL] [MT] [RI] | [AK] [IN] [NE] [SC] | [AZ] [IA] [NV] [SD] | [AR] [KS] [NH] [TN] | [CA] [KY] [NJ] [TX] | [CO] [LA] [NM] [UT] | [CT] [ME] [NY] [VT] | [DE] [MD] [NC] [VA] | [DC] [MA] [ND] [WA] | [FL] [MI] [OH] [WV] | [GA] [MN] [OK] [WI] | [HI] [MS] [OR] [WY] | [ID] [MO] [PA] [PR] |

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

| | C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND | USE OF PROCEEDS | |
|-----|--|--------------------------|--|
| 1. | Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\square\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. | | |
| | Type of Security | Aggregate Offering Price | Amount Already Sold |
| | Debt | \$ | \$ |
| | Equity | \$_300,000,000 | \$10,500,000* |
| | ☐ Common ☐ Preferred | | |
| | Convertible Securities (including warrants) | \$ | \$ |
| | Limited Partnership Interests | \$_300,000,000 | \$10,500,000* |
| | Other (Specify) | \$ | S |
| | Total | \$_300,000,000 | \$10,500,000* |
| | Answer also in Appendix, Column 3, if filing under ULOE. | | |
| 2. | Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." | * Subject to the Gene | ral Partner's acceptance. |
| | | Number Investors | Aggregate Dollar Amount of Purchases |
| | Accredited Investors | 4 | \$10,500,000 |
| | Non-accredited Investors | | • |
| | | | J |
| | Total (for filings under Rule 504 only) | \$ | \$ |
| | Answer also in Appendix, Column 4, if filing under ULOE. | | |
| 3. | If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. | | |
| | Type of offering | Type of | Dollar Amount |
| | | Security | Sold |
| | Rule 505 | <u>N/A</u> | S |
| | Regulation A | <u>N/A</u> | \$ |
| | Rule 504 | N/A | \$ |
| | Total | <u>N/A</u> | \$ |
| iss | a. Furnish a statement of all expenses in connection with the issuance and distribution of securities in this offering. Exclude amounts relating solely to organization expenses of the uer. The information may be given as subject to future contingencies. If the amount of an benditure is not known, furnish an estimate and check the box to the left of the estimate. | | |
| | Transfer Agent's Fees | Ø | SNone |
| | Printing and Engraving Costs | | SNone |
| | Legal Fees | \square | \$ 300,000 |
| | Accounting Fees | ⊡ | S None |
| | Engineering Fees | Ø | S None |
| | Sales Commissions (specify finders' fees separately) | Ø | \$ None |
| | Other Expenses (identify) | | S None |
| | Total | Ω Ξ | \$ 300,000 |

| | Question 1 and total expenses fi | the aggregate offering price given in response to Part Curnished in response to Part C - Question 4.a. This proceeds to the issuer." | | S299,700,000 |
|------------------|---|--|--|-------------------------|
| 5. | be used for each of the purposes furnish an estimate and check th | e adjusted gross proceeds to the issuer used or proposed to shown. If the amount for any purpose is not known, the box to the left of the estimate. The total of the payments coss proceeds to the issuer set forth in response to Part C - | | |
| | | | Payments to Officers, Directors, & Affiliates | Payments To Others |
| | Salaries and fees | | ☑ S <u>6,000,000* *</u> | ☑ \$ <u>**</u> |
| | Purchase of real estate | | ☑ S <u>None</u> | ☑ \$ <u>None</u> |
| | Purchase, rental or leasing and i | installation of machinery and equipment | ☑ S None | ☑ \$ None |
| | Construction or leasing of plant | buildings and facilities | ☑ \$ None | ☑\$None |
| | this offering that may be used in | ncluding the value of securities involved in nexchange for the assets or securities of another | ☑ \$ <u>None</u> | ☑ \$ <u>None</u> |
| | Repayment of indebtedness | | ☑ \$ None | ☑ \$None |
| | Working capital | | ✓ \$ None | ☑ \$ <u>293,700,000</u> |
| | Other (specify) | | ☑ \$ None | ☑ \$None |
| | Column Totals | | ☑ \$ <u>6,000,000</u> | ☑ \$ <u>293,700,000</u> |
| | Total Payments Listed (column | totals added) | ☑ S29 | 99,700,000 |
| invest dilige | ment management and other expe | rst year of operations it will pay total annual expenses in the enses, including forestry management fees paid by the Fund,, ans, periodic appraisal expenses and other organizational and one of the property | counsel and accountants | fees and expenses, due |
| | | | | |
| signa | ture constitutes an undertaking by | o be signed by the undersigned duly authorized person. If the the issuer to furnish to the U.S. Securities and Exchange Country non-accredited investor pursuant to paragraph (b)(2) of R | mmission, upon written r | |
| Issue | r (Print or Type) | Signature | Date | February $9,2007$ |
| Susta | inable Woodlands Fund II, L.P | 100 11/1/1/ N | | redualy <u>1</u> , 2007 |
| Name | e of Signer (Print or Type) | Title of Signer (Print or Type) | , | · |
| А. На | aag Sherman | Managing Director, Sustainable Woodlands Partners, L.L. partner of Sustainable Woodlands Fund II, L.P. | C., general | |
| | | | | |

| E. STATE SIGNATURE | | | | | | | | |
|--------------------|--|--|----------------------------|----------------------------------|------------|-------------------|--|--|
| 1. | Is any party described in 17 CFR 23 | 0.262 presently subject to any of the | e disqualification provis | ions of such rule? | Yes | No ☑ | | |
| | | See Appendix, Column | 5, for state response. | | | | | |
| 2. | The undersigned issuer hereby under 239.500) at such times as required | ertakes to furnish to any state admin by state law. | strator of any state in wh | nich this notice is filed, a not | ice on Fo | orm D (17 CFR | | |
| 3 | The undersigned issuer hereby und | ertakes to furnish to the state admini | strators, upon written rec | quest, information furnished | by the iss | sucr to offerees. | | |
| 4. | | that the issuer is familiar with the cor which this notice is filed and understant is have been satisfied. | | | | | | |
| | e issuer has read this notification and ki norized person. | nows the contents to be true and has | duly caused this notice | to be signed on its behalf b | y the un | dersigned duly | | |
| Issu | er (Print or Type) | Signature | | Date February 9, 2 | | | | |
| Sust | tainable Woodlands Fund II, L.P | ALOVIL | 2 | February | :007 | | | |
| Nam | ne of Signer (Print or Type) | Title of higher Print or Type) | | | | | | |
| A . H | Haag Sherman | Managing Director, Sustainable | Woodlands Partners, | L.L.C., | | | | |

general partner of Sustainable Woodlands Fund II, L.P.

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

| • | | | | APPE | NDIX | | | | ·· | |
|-------|--|--------------------------------|---|--------------------------------------|--|--|--------|----------|---|--|
| 1 | Intend to non-acci investors (Part B- | sell to redited in State | Type of security and aggregate offering price offered in state (Part C - Item 1 | | Type of investor and amount purchased in State (Part C-Item 2) | | | | 5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E- Item 1) | |
| State | Yes | No | | Number of Accredited Investors | Amount | Number of Non- Accredited Investors | Amount | Yes | No | |
| AL | | | | | | | | | | |
| AK | | | | | | | | | | |
| AZ | | | | | | | | | | |
| AR | | | | | | | | | | |
| CA | | * | Limited Partnership Interest - \$300,000,000 | 1 | \$250,000 | 0 | \$0 | | No | |
| СО | | | | | | | | | | |
| CT | | <u> </u> | | | | | | | | |
| DE | | | | | | | | | | |
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| • | | | | APPE | NDIX | | | | . | |
|--------|---|-------------------------------|---|--------------------------------------|--|--|--------|---|--------------|--|
| 1 | Intend to non-accr investors (Part B-l | sell to edited in State | Type of security and aggregate offering price offered in state (Part C - Item 1 | | Type of investor and amount purchased in State (Part C-Item 2) | | | 5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E- Item I) | | |
| State | Yes | No | | Number of Accredited Investors | Amount | Number of Non- Accredited Investors | Amount | Yes | No | |
| МТ | | | | | | <u> </u> | | | | |
| NE | | 1 | Limited Partnership Interest - \$300,000,000 | 2 | \$250,000 | 0 | \$0 | | No | |
| NV | | | | | | | | | | |
| NH | | | | | | | | | | |
| NJ | | 1 | Limited Partnership Interest - \$300,000,000 | 1 | \$10,000,000 | 0 | \$0 | | No | |
| NM | | | | | | | | | | |
| NY | | | | | | | | | | |
| NC | | | | | | | | | | |
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